

CITY OF LINCOLN, NEBRASKA  
**UNIT PRICE QUOTATION**  
MECHANICAL (H.V.A.C.) SERVICES, Spec. 06-087

Date: \_\_\_\_\_

**TO DEPARTMENT/AGENCY REPRESENTATIVE:**

**FROM (CONTRACTOR):**

**PROJECT NUMBER:**

**PROJECT DESCRIPTION:**

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

**TIME OF COMPLETION**

Estimated Start Date	
Number of Days to Complete	

**LABOR COST TABLE**

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Supervisor			
Service Technician			
Service Helper			
Sheet Metal Mechanic			
Sheet Metal Helper			
Service Trip Charge			
Other			
<b>TOTAL LABOR</b>			

**EQUIPMENT AND MATERIAL COSTS**

ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

**O. & P. ON SUBCONTRACTORS COSTS**

SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

**TOTAL PRICE (NOT TO EXCEED)**

\$

**FIRM:**

**BY:**

**ADDRESS:**

Change Order #: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

**PHONE**

**APPROVED BY:**

Department/Agency Representative

**DATE:**